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# NAVY MED NAVIGATOR

## In World News:

President Bush will soon declare an official end to combat in Iraq, White House officials said Friday, previewing an address that would outline his plans to rebuild the war-torn nation and sustain the global campaign against terrorism.

The speech may come as early as next week when the president visits an aircraft carrier returning to San Diego from Iraq war duty, officials said.

There has been little fighting in Iraq for days, and work is already under way to create an interim government. But Bush has not declared the war over.

## In Navy News:

PATUXENT RIVER NAVAL AIR STATION, Md. (NNS) – The VECTOR (Vectoring Extremely Short Takeoff and Landing Control Tailless Operation Research) test team completed the world's first fully automated, thrust vectored landing April 22, and plans subsequent landings this week at increasing angles of attack and decreasing speeds.

German Naval Reserve Cmdr. Ruediger Knoepfel flew the X-31 into an invisible engagement box in the sky, then watched as the aircraft controlled itself to touchdown before he took over control and lifted off again.

"Today, we saw what we have worked three years for," Knoepfel said. "We have proved the basic functionality of our system."

## In Sports:

The San Antonio Spurs took a 2-1 lead in the best-of-seven series Friday night as the Spurs beat the Phoenix Suns 99-86.

San Antonio outscored the Suns 17-6 over the last 5:39 of the half. Jackson sank a pair of 3-pointers during the run before going to the bench with three fouls. His replacement, Ginobili, also made a pair of 3's.

Phoenix scored the first eight points of the second half, five by Marion, to cut the lead to 53-44. Rebound baskets by Robinson and Bruce Bowen boosted the lead to 57-44, and the Spurs led 69-56 entering the fourth.

Phoenix briefly cut the lead to 10 before another San Antonio outburst made it 79-58 on Jackson's basket with 8:12 to play.

## After weeks of Comfort Iraqi patients return home

Story by LCDR Ed Austin  
Comfort Public Affairs

In the northern Arabian Gulf, USNS Comfort (T-AH 20) medical staff has treated nearly 200 Iraqi patients as part of the humanitarian assistance effort during Operation Iraqi Freedom (OIF). For some of those patients, they returned to a free Iraq Thursday and Friday.

Thirty-one patients were flown ashore Thursday with the support of Army's Third Medical Command Blackhawk helicopters. Among those patients returning to Iraq Thursday, 29 were enemy prisoners of war (EPWs) and two were children who were reunited with parents at the Navy's Fleet Hospital THREE for the first time since arriving on board *Comfort* for treatment of serious injuries.

Friday, 18 additional civilians left the ship with mixed emotions, according to Chief Petty Officer Cesar Salicrup (41) of Ponce, Puerto Rico. "This will bring closure for them, Salicrup said of the Iraqi civilians who departed. "Even though some of them were injured by Coalition Forces, they realize that we are their friends."

Salicrup, leading chief in charge of the ward staff caring for the EPWs and Iraqi civilians, went on to say many of the ward staff and Iraqi civilians have established a friendship that won't be broken by time or distance. He indicated that among the Iraqi civilian patients, new friendships



Photo by H1 Shane McCoy

An Iraqi patient waves to *Comfort* staff on the flight deck Friday as he, along with other Iraqi patients, are flown to Iraq. *Comfort* has flown off approximately 50 Iraqi patients in the past two days.

were started here on the ship that he feels will continue once the patients return to their homes.

Since *Comfort* arrived on station in mid March, they have cared for Coalition Forces, Freedom Fighters, Iraqi civilians, as well as EPWs. Under the Geneva Convention, the 1,000-bed hospital ship treats all patients based on their medical needs.

The first combat casualties arrived on *Comfort* during the opening days of the war to remove Saddam Hussein's regime from power in Iraq. *Comfort* has treated about 350 patients wounded in combat or accidents related to supporting roles of OIF over the past five weeks. As the shift from combat operations turned to humanitarian relief, *Comfort* has provided the highest standard of trauma care to 196 Iraqi EPWs and Civilians.

Many of the Iraqi civilians have ex-

Continued on page 3

# 5th Fleet Commander pays visit to Comfort



5th Fleet Commander Vice Adm. Timothy Keating visits with Petty Officer 1st Class Candie Whitted in the executive lounge Wednesday.

*Story and photo by JOSN Erica Mater  
Comfort Public Affairs*

5th Fleet Commander Vice Adm. Timothy Keating visited Comfort Wednesday. Keating met in the executive lounge with the CO, XO, CMC, and the Captain of the ship to discuss what Comfort has been doing in support of Operation Iraqi Freedom.

After some mid-morning snacks and coffee, Comfort Medical Treatment Facility Commanding Officer Capt. Charles Blankenship took Keating on a tour of the medical spaces to see first hand the care patients have been getting on board Comfort.

Stops included casualty receiving, the operating room complex, the ICUs, as well as the blood bank where Lt. Cmdr. Rich Hayden, MSC, explained how Comfort's blood bank operates.

Although Keating's stay was short, he commented on what a great job the medical staff is doing.

## Respiratory Techs help give breath of life

*Story and photo by JOSN Erica Mater  
Comfort Public Affairs*

On board *Comfort*, every department has worked extremely hard to accomplish our mission during Operation Iraqi Freedom. The Respiratory Technicians department is no different. They have gone above and beyond to help the *Comfort* team save lives. Without the RTs, our critically injured patients would not be able to breathe.

RTs focus on airway management for patients who need help breathing. They are also responsible for mechanical ventilation, and maintenance of all ventilators and RT equipment. They make sure patients are given adequate oxygen and ventilation, and help make the patients as comfortable as possible.

From the time the patient is put on a breathing machine, until the time they are taken off, the RTs are there. Along with daily assessments, RTs are constantly involved with the patient's care.

Just like the other departments on board *Comfort*, Operation Iraqi Freedom has been a learning experience for the RTs.

With only nine RTs and two gen-

eral corpsmen, most of the RT department has never dealt with the type of patients they have been seeing.

"You would never find this kind of activity or this many people on a ventilator at once in any other hospital in the states," said Petty Officer 1<sup>st</sup> class Eric Agnew, the leading petty officer for the RT department. "Not many of us have had this kind of experience. This has definitely been a learning experience for us."

The burn ICU is where most of the patients on ventilators have been. The RTs were not expecting to see as many burn patients with extensive burns as they have seen.

"I have never worked with burn patients before," said Petty Officer 2<sup>nd</sup> class Robert Glass. "It can be insanity at times, but we still get the job done."

Agnew feels this type of experience is once in a lifetime. "Some RTs will go through their entire career and not see what we have seen in the past 30 days."

Before the war started, the RT department was constantly training. The training paid off during the weeks of the war, when the patient load in-



HM3 Aaron Estopare maneuvers a suction tube into an Iraqi patients lungs to help remove any fluid that has built up.

creased dramatically. At the peak of Comfort's ICU patient load, there were 20 patients on ventilators at one time.

"Theoretically, with our manpower, we should be able to handle a max of 15 ventilators," said Agnew. "When we were doing 20, it was very taxing, but we did it."

Not only is the work challenging for

**Continued on page 3**

# Where are we?

## Part 2

By LCDR Mark Koczak  
Command Chaplain

For those of you that have been here for the last one hundred plus days, this will be part two of an on-going discussion that I have had in the military. Many of us have gotten emotionally involved in this question during the last week or so. We have been on our way to Bahrain, to Kuwait, to Iraq and my favorite, back to Diego Garcia. Some of you know that I visit the bridge almost every night, and spend time with the MSC folks on watch. Hopefully, one day I will hit the time when I can see two watches while they change. I usually know where we are.

For those of you who wonder literally where we are, we are still traveling in our box. Yes we have been in one of three different boxes for the last 45 days. We have gone out of the box to receive fuel and supplies. We have been about as close as we can get to receive patients from various areas. The box is rather comforting in a weird way. It has been our home for a good number of days.

However, many of us are not really here, are we?? We have been spending much of our time and energy on speculation. Well, if I have learned anything from my experience here on *Comfort* and during my almost 18 years in the military, it is to be patient. Yes, it is very frustrating, especially those of us who remember leaving Baltimore in a snowstorm. And yes, it is frustrating for those of us who have life changing events happening at home.

We will leave when the time is right. Are their indicators of us moving toward that time? Of course there are. Patients leaving, the famous lists, and so on. Please, shipmates and this means everyone, do not live in that future place of dates and timing. We all will have plenty of time to prepare to go home. For those of us who are sailing back, we will have even more time.

So, where are you right now?? Only you can answer that question. I know where I am.

Please focus on being present for this last part of our mission and our time together as the crew of *Comfort*. Enjoy these last days together as shipmates working in this place and being a part of this operation.

## Breathing, from page 2

the RTs, but the emotional aspect can be exhausting as well.

"We have such a high responsibility with our job," said Petty Officer 2<sup>nd</sup> class Wil Sappenfield. "If we screw up, no one will catch it."

Sappenfield also said there is an added pressure when dealing with kids.

Glass had the same sentiments. "It is hard seeing the victims of war. It is difficult."

Petty Officer 3<sup>rd</sup> class Aaron Estopare, who has his associates degree in respiratory care, said its not easy seeing ICU patients in the amount of pain they are in.

Although he was unable to finish his sentence, Estopare said, "I have never worked with this many burn patients and seeing that kind of trauma is, well it's just..."

However difficult or emotional tasking the job is, the RT department has pulled together as a team to provide the best in respiratory care on board *Comfort*.

"We display what Navy medicine is all about, which is adapting and overcoming, and dealing with limited resources and staffing. We have stepped up to the plate and hit a homerun. We have dealt with everything that has been thrown at us," said Agnew.

When *Comfort* returns home, the RTs will have brought back with them a plethora of knowledge that, before this deployment, would have been hard to come by. They will be able to share their experience and knowledge with the rest of the RT community.

## Going Home, from page 1

pressed that even routine medical care was hard to come by. Hospitalman Andrea Pham (20), of Milford, Mass., added, "One patient indicated they couldn't afford something as simple as getting a tooth pulled."

Pham, who works in the Iraqi civilian ward, says most of the patients expressed gratitude for the care they received on board *Comfort*. "I think for most of the Iraqi patients, their experience here has changed their impression of Americans."

"They have touched our lives," said Salicrup of the Iraqi civilians who departed the ship today. "We have exchanged addresses with some of them. We hope to follow their progress and check in on them to see how they are do-

## Comfort Quickies

\* You can check out all public affairs photos on the share drive under PAO-pics. New photos are placed in the folder titled for the appropriate week in which the photo was taken. Photos of the MCPON and 5th Fleet Commander visits are up.

\* Don't forget Mother's Day is May 11. Make sure you let her know you care.



# What you need to know about SARS

by Brian Badura,  
BUMED Public Affairs

The recent outbreak of severe acute respiratory syndrome, better known as SARS, has raised many questions worldwide. Many public health organizations are now working to find out how to effectively control this mysterious illness.

"The World Health Organization (WHO) and the Centers for Disease Control (CDC) have mounted a massive response to SARS, and they have done so because this virus causes severe illness and has spread from China to a number of countries," according to Capt. Jeff Yund, director of preventive medicine and occupational health at the Bureau of Medicine and Surgery.

SARS is a respiratory illness that has been reported in Asia, North America and Europe. In the United States, 39 probable cases have been reported, with no deaths.

The illness usually be-

gins with a fever greater than 100.4 degrees Fahrenheit. The fever is sometimes associated with chills or other symptoms, such as headache, general discomfort and body aches. Some people also experience mild respiratory symptoms at the outset. In addition, SARS patients may develop a dry cough two to seven days after the onset of symptoms.

The typical incubation period for SARS is two to seven days, but in some cases can be as long as 10 days. The SARS outbreak is believed to derive from a previously unrecognized coronavirus.

Investigators have determined that the primary means of SARS transmission is through close person-to-person contact. Most cases have involved people who lived with or cared for someone who is infected, or had direct contact with infectious material, such as respiratory secretions. The infectious droplets are usually touched by someone, and then transmitted by touching

the eyes, nose or mouth. They can also be spread when an infected person coughs or sneezes particles into the air.

A few simple steps can help to prevent the spread of respiratory infection, including SARS. "Washing your hands frequently, especially if there are sick people around, is one of the best ways to help prevent transmission," said Yund. "Touching your face less often, covering your mouth when you cough or sneeze, and decreasing unnecessary time spent close to others who are sick can also help."

Currently, tests to indicate whether a person does indeed have SARS are being developed, but are not widely available. If someone shows the symptoms and suspects they may have SARS, they should visit their healthcare provider for diagnosis and treatment, being sure to disclose travel to outbreak areas and contact with potentially infected individuals.

CDC currently recommends that patients with SARS receive the same treatment that would be used for any patient with serious community-acquired atypical pneumonia of unknown cause. For a person with a suspected case of SARS, isolation, either at home or in the hospital, is used to minimize transmission of the virus to others.

Many military and government organizations, such as U.S. Pacific Command, have restricted personnel visits to geographic areas with reported cases of SARS. The U.S. State Department has also issued a travel advisory for areas including China, Hong Kong, Singapore and Vietnam.

The Department of Defense (DOD) is currently monitoring for disease trends and potential outbreaks. DOD is also working with CDC and WHO to help control the spread of SARS.

## US AIRWAYS INTRODUCES 'SALUTE SAVINGS' FOR U.S. MILITARY PERSONNEL

ARLINGTON, Va., April 21, 2003 -- US Airways today introduced "Salute Savings," a discount program for U.S. military, with special fares as low as \$79 each way, based on roundtrip purchase.

US Airways "Salute Savings" rates are available to active and reserve military and their immediate families through government-contracted commercial travel offices throughout the U.S. The fares are valid for tickets purchased through Dec. 31, 2003, for travel completed by Feb. 12, 2004.

"The service that the men and women of the U.S. military provide at home and abroad is invaluable," said US Airways President and Chief Executive Officer Dave Siegel. "This pro-

gram is designed to make special fares and travel bargains available for their widespread use."

Under the "Salute Savings" program, fares must be purchased roundtrip and are available for travel originating in the U.S. to destinations across the US Airways system, including Europe, Canada, Mexico and the Caribbean. For information on these fares, military personnel or their military I.D.-carrying family members should contact their commercial travel office.

Tickets are nonrefundable and must be purchased at least three days in advance of departure. One Saturday night stay is required, and a maximum 30-day stay is allowed. Seats are limited, and other restric-

tions apply.

Fares are available to the immediate families of members of the Armed Forces when the member is part of the traveling party. An immediate family member is defined as a parent/guardian, spouse/partner, or child.

US Airways is the nation's seventh-largest airline, serving nearly 200 communities in the U.S., Canada, Mexico, the Caribbean and Europe. Most of its route network is concentrated in the eastern U.S., where it is the largest air carrier east of the Mississippi. US Airways, US Airways Shuttle, and the US Airways Express partner carriers operate over 3,300 flights per day.